

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
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5						
6		5				
7	1					
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TOTAL IND.	2					
TOTAL DEP.	18	←	↓	←	↓	←
TOTAL CLAIMS	20	████████	████████	████████	████████	████████

IND	DEP	IND	DEP	IND	DEP
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100					
TOTAL IND.					
TOTAL DEP.		←	↓	←	↓
TOTAL CLAIMS		████████	████████	████████	████████